

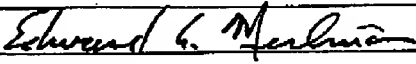
RECEIVED  
CENTRAL FAX CENTER

APR 23 2008

PTO/SB/122 (01-06)  
Approved for use through 12/31/2008, OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>CHANGE OF CORRESPONDENCE ADDRESS Application</b>  Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	09/980,275-Conf. #3300
	Filing Date	May 16, 2002
	First Named Inventor	Masahiro Serizawa
	Art Unit	2626
	Examiner Name	J. S. Wozniak
	Attorney Docket No.	G0126.0213

Please change the Correspondence Address for the above-identified application to:				
<input checked="" type="checkbox"/> The address associated with Customer Number: <input type="text" value="32172"/>				
OR				
<input type="checkbox"/> Firm or Individual Name	Edward A. Meilman DICKSTEIN SHAPIRO LLP			
Address	1177 Avenue of the Americas			
City	New York	State	NY	Zip 10036-2714
Country	US			
Telephone	(212) 277-6500		Email	
This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).				
I am the:				
<input type="checkbox"/> Applicant/Inventor				
<input type="checkbox"/> Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
<input checked="" type="checkbox"/> Attorney or agent of record. Registration Number <u>24,735</u>				
<input type="checkbox"/> Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____				
Signature				
Typed or Printed Name	Edward A. Meilman			
Date	April 23, 2008		Telephone	(212) 277-6520
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
<input type="checkbox"/> *Total of <u>1</u> forms are submitted.				

DOCSNY-305397v01